



## Rhode Island Department of Health Arthritis Program—Peer to Peer Leadership for the evidence-based Chronic Disease Self-Management Program

### **Scope of Work**

- In Phase I, the grantee is required to identify two to four staff members to be trained as Chronic Disease Self-Management Peer to Peer Leaders as well as create a recruitment plan to prepare for Phase II.
  - The Leader training consists of a total of four days
  - The four day training is a total of 32 hours
  - The Leader training is scheduled for June 27<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup>, and 30<sup>th</sup>
  - Leaders must be comfortable speaking in front of others, they should reflect the community they are serving, they should have a positive mind set, and will motivate individuals to take the necessary steps to improve their quality of life.
  - Peer to Peer Leaders will work in a group setting and be a support to participants in Chronic Disease Self-Management Programs.
- Grantees will be awarded \$2,500 to fund identified Leaders to attend training and to complete the necessary marketing/recruitment to identify such persons and participants.
- Leaders are required to be trained by August 31, 2016.
- Invoices must be submitted to the Rhode Island Department of Health by September 9, 2016.
- Mini Grants will be awarded based on deliverables.
- Phase II mini grants will be available in July. These mini grants will provide funding for trained Leaders to offer the two workshops that are required to complete Leader certification.



## **Division of Community Health & Equity**

### **Arthritis Program**

#### **2016 Mini-Grant Application Form**

**Instructions: Please read through each of the following section prompts and complete either in the given template or in another document.**

#### **SECTION I: AGENCY CAPACITY**

Briefly describe your organization and your organization's experience in providing services, support, and engagement with the adult community in RI. Describe your organization's previous experience in promoting health and wellness focused on addressing improved quality of life and achieving health equity.

#### **SECTION II: SCOPE OF WORK & SUSTAINABILITY**

Provide a summary of the proposed project and project goals. Discuss plans on how the project and/or related activities will be sustained after funding ceases. If you have previously received funding from the RI Arthritis Program to carry out this or a similar program, please describe your success in achieving the outlined aims and goals. What were other sources of funding (if any)?

#### **SECTION III: PERSONNEL & TIMELINE**

Describe who will work on the project and their past experience working in this area. Please detail your organization's plan as it relates to this initiative along with a detailed timeline.

#### **SECTION VI: BUDGET NARRATIVE**

Please briefly describe your proposed budget expenses for this project and complete the budget form included in this project. The maximum allowable budget for this project is \$2,500.00. Note: Due to federal budget restrictions, mini-grant funds may not be used for the purchase of food or beverages.

If you have any questions or concerns, please contact Jasmine Franco at 222-4520 or [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@health.ri.gov).

**Return via email, fax, or in person no later than May 25<sup>th</sup>, 2016 at 4 p.m. to:**

Jasmine Franco

RI Department of Health  
Arthritis Program, Rm. 309

Telephone: 401-222-4520

Fax: 401-222-4415

Email: [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@health.ri.gov)



**Division of Community Health & Equity  
Arthritis Program  
2016 Mini-Grant Recruitment Plan**

**Instructions: Please map out your recruitment plan below for identifying and engaging participants in the Chronic Disease Self-Management Program. Identify which agencies you will engage, what methods of recruitment you will use, what tools will be necessary, the location which workshops will held, the anticipated date of your first workshop, as well as any other steps that will be taken to ensure participation in the Chronic Disease Self-Management Program.**

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Jasmine Franco  
RI Department of Health  
Arthritis Program, Rm. 309  
Telephone: 401-222-4520  
Fax: 401-222-4415  
Email: [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@health.ri.gov)

Mini-Grant Budget Template Arthritis Program	
BUDGET Period: May 25, 2016 to August 31, 2016	
Organization:	Amount
<b>I. GRANT FUNDS: EXPENSE CATEGORY</b>	
<b>1. Cost of staff per hour for training</b>	
How many staff to be trained	
Total Cost of staff training	
<b>Total Personnel:</b>	
<b>2. Recruitment Plan</b>	
Cost of staff for recruitment plan	
Other recruitment plan costs	
<b>3. TOTAL DIRECT COST TO GRANT</b>	
<b>TOTAL AMOUNT REQUESTED (may not exceed \$2,500)</b>	
<b>II. IN_KIND CONTRIBUTIONS:</b>	
<b>TOTAL OF IN-KIND CONTRIBUTIONS:</b>	

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